

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH43731
State File No. 10402

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10402	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) 56		c. CITY (If outside corporate limits, write RURAL and give township) SHREWSBURY 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION MO: PACIFIC HOSPITAL				d. STREET ADDRESS (If rural, give location) 7310 SUTHERLAND AVE			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) W.		c. (Last) HAGENS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 5 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 9. 1887	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LEVER MAN		10b. KIND OF BUSINESS OR INDUSTRY TERMINAL P.R.		11. BIRTHPLACE (State or foreign country) SHOALS INDIANA	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME SAUEL R. Hagens		13b. MOTHER'S MAIDEN NAME AMANDA LUCAS		14. NAME OF HUSBAND OR WIFE RUTH L. HAGENS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS RUTH HAGENS 7310 SUTHERLAND			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Advanced CA of hepatic failure of colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) also perforated duodenal ulcer. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH AVE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR 153X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Nov. 23, 1950 , to Dec. 5, 1950 , that I last saw the deceased alive on Dec. 5, 1950 , and that death occurred at 3:30 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE L. F. Winkler M.D.		(Degree or title) M.D.		23b. ADDRESS Missouri Pacific Hosp.		23c. DATE SIGNED 12/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 12-8-50		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. DEC 6 1950		REGISTRAR'S SIGNATURE J. B. Lascater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mittelsberg Funeral Home, Inc. 73 W. Sutherland Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

22112

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

James Bentley

Licensed Embalmer No. *3653*

P. O. Address *St Louis Mo*

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.